

HPAC/C-J Training Registration Form

Please fill this form out completely and return to Bonnie Cassano by fax at 703-971-4654 or email at bcassano@northropgrumman.com.

Name: _____ Rank/GS Level: _____
Last First M

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Commercial Phone: _____

Organization: _____

Business Email: _____

Do you hold a DTRA badge? Yes No Do you have a Military ID? Yes No

Have you attended HPAC/C-J Training in the past? Yes No

If Yes, what dates: _____

Do you currently have CATS/HPAC software? HPAC: Yes No CATS: Yes No

If Yes, what version: _____

Please select your preferred training(s) dates:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

(Slots will be filled on a first-come-first serve basis. If your desired session is full, you will be contacted regarding an alternate session.)

Please enter your name as you would like it to appear on your training certificate:

Signature: _____

Updated Oct 2002